

WILLERT HOME PRODUCTS

April 16, 2010

Document Processing Desk (DCI/PRD)
Ms. Molly Clayton, Chemical Review Manager
Office of Pesticide Programs (7508P)
U.S. Environmental Protection Agency
One Potomac Yard (South Bldg.)
2777 South Crystal Drive
Arlington, VA 22202

Subject: Case #3058 p-Dichlorobenzene (Chemical #061501)
Generic Data Call-In 90 Day Response
ID# GDCI-061501-28450

Dear Ms. Clayton:

Enclosed please find our 90 Day response to the generic data call-in for p-Dichlorobenzene. I am electing option "1" as we will be developing data that will be submitted to the Agency within the timeframes specified on the response forms. It is possible that these data may be developed jointly with other registrants but those arrangements have not yet been worked out. At this point we want to indicate to the Agency our intention to support reregistration of this chemical.

Please don't hesitate to call me at 314-659-1430 or email me at ktryson@willert.com if you have questions or need further information.

Sincerely,



Kathie J. Tryson
Director, Regulatory Affairs

~~APR 22 2010~~

APR 23 2010

United States Environmental Protection
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107
OMB Approval 2070-0057

DATA CALL-IN RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address WILLERT HOME PRODUCTS 4044 PARK AVE ST LOUIS, MO 63110		2. Case # and Name 3058 p-Dichlorobenzene Chemical # and Name 061501 Paradichlorobenzene		3. Date and Type of DCI and Number 07-Jan-2010 GENERIC ID # GDCI-061501-28450	
4. EPA Product Registration	5. I wish to cancel this product regis- tration volun- tarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA regis- tration number listed below.	6b. I agree to satisfy Generic Data requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirements on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirements on the attached form entitled "Requirements Status and Registrant's Response."
1475-21			Yes	N.A.	N.A.
8. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative <u>Kathie J. Tryson</u> Kathie J. Tryson Director, Regulatory Affairs				9. Date April 16, 2010	
10. Name of Company Willert Home Products				11. Phone Number 314-659-1430	

United States Environmental Protection
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107
OMB Approval 2070-0057

REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address WILLERT HOME PRODUCTS 4044 PARK AVE ST LOUIS, MO 63110		2. Case # and Name 3058 p-Dichlorobenzene Chemical # and Name 061501 Paradichlorobenzene			3. Date and Type of DCI and Number 07-Jan-2010 GENERIC ID # GDCI-061501-28450				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
875.2500	<u>Post-Application Exposure Data Requirements (Conventional Chemical)</u> Inhalation exposure (1,2,3,4)					HH, O	TEP	24	
830.7050	<u>Product Chemistry Data Requirements (Conventional Chemical)</u> UV/Visible absorption					HH, O	TGAI/PAI	8	
870.7800	<u>Toxicology Data Requirements (Conventional Chemical)</u> Immunotoxicity					HH, O	TGAI	24	
10. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law Signature and Title of Company's Authorized Representative <i>Kathie J. Tryson</i> Director, Regulatory Affairs						11. Date <i>April 16, 2010</i>			
12. Name of Company <i>Willert Home Products, Kathie J. Tryson</i>						13. Phone Number <i>314-659-1430</i>			